DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration
Center for Mental Health Services

Guidance for Applicants (GFA) No. SM-01-010
Part I - Programmatic Guidance

Cooperative Agreements to Certify, Network and Evaluate Crisis Programs That Offer Hotline Services

Short Title: Improve and Evaluate Crisis Hotline Services

Application Due Date:
May 21, **2001**

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and subject to the availability of funds

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Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration, Center for Mental Health Services

Action and Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA),
Center for Mental Health Services (CMHS), announces the availability of Fiscal Year 2001 funds for "Certifying, Networking and Evaluating Crisis Centers."

The purposes of this program are to:
1) increase the number of crisis programs offering hotline services that are certified in suicide prevention in the U.S.,
2) increase the number of crisis centers/hotlines certified in suicide prevention which are networked through a single, toll-free, nationwide number, utilizing telecommunications technology that links callers to their geographically nearest crisis center. It is expected that approximately 200-300 of these crisis centers will be certified and networked over the project period of the award (3 years), and
3) to coordinate, collect and analyze data from crisis centers/hotlines in order to evaluate their effectiveness.

This Guidance for Applicants (GFA) solicits applications for two categories of cooperative agreements.

Category I:
Certification and Networking
Project Period: 3 years

For **Category I**, up to $2,550,000 is available per budget year, including direct and indirect costs. It is anticipated that **one** award will be made in this category.

The **Category I** recipient must carry out activities in each of the following three elements: 1) Certification of crisis centers/hotlines 2) Networking certified hotline services, and 3) Project evaluation

Category II:
Client and Community-Centered Outcomes Evaluation
Project Period: 3 years

For Category II, up to $450,000 is available per budget year, including direct and indirect costs. It is anticipated that **one** award will be made in this category.

The Category II recipient must carry out activities in design of data collection standards and in the collection and analysis of data and the production of final outcomes report

The Category I and II awardees share a common focus on operations and activities of hotline services. Because there is a strong probability that they will be working with the same crisis programs, they are encouraged to collaborate in areas of mutual interest and information sharing. For example, the Category I awardee will have valuable insights related to the needs and concerns of crisis programs as it relates to their participation in the evaluation activities. Likewise, the Category II awardee will have expertise to share with the Category I awardee in the design of data collection that will ensure a meaningful evaluation of outcomes.

Category I
Certification and Networking

Goal 1: To increase the number of crisis programs that operate hotline services that are certified in suicide prevention in the U.S.

Goal 2: To increase the number of crisis programs that operate suicide prevention hotlines which are networked through a single, toll-free, nationwide number, utilizing telephone switching technology that links callers to their geographically nearest crisis center. It is expected that approximately 200-300 of these crisis centers will be certified and networked over the project period (3 years).

Goal 3: To evaluate the organizational adherence to certification standards as well as the characteristics and quality of telephone intervention with suicidal callers over time.

Eligibility for **Category I** is limited to applicants who can perform the activities of certification and networking of hotline services.

Category II
Client and Community Centered Outcomes Evaluation

Goal 1 -To explore, identify and define client and community and centered outcomes in relation to crisis programs that operate suicide prevention hotline services.
Goal 2 - To develop documentation standards for hotline services that permit the full assessment of outcome measures identified in Goal 1;
Goal 3 - To coordinate, collect and analyze data from specifically identified crisis programs in order to evaluate identified outcome measures.

Eligibility for **Category II** is limited to applicants who have knowledge, skill, and experience with crisis centers and/or hotlines and experience and capability in data collection design, instrumentation and data analysis.

Note: A budget must be submitted for each year of support requested.

Continuation awards will depend on the availability of funds and progress achieved.

Who Can Apply?

Domestic not-for-profit organizations may apply, including:

- consortium/partnerships of organizations brought together for purpose of this GFA
- community-based organizations, including faith-based and consumer and family groups
- public or private universities
- hospitals
- units of State or local governments, Indian tribes and tribal organizations

Application Kit

Application kits have several parts. Part I is individually tailored for each GFA. Part II has general policies and procedures that apply to **all** SAMHSA grants and cooperative agreements. You will need to use both Parts I and II for your application.

The kit also includes the forms PHS-5161 and SF-424 which you will need to complete your application.

To get a complete application kit, including Parts I and II, you can:

Call the Center for Mental Health Services national clearinghouse, the Knowledge Exchange Network at (800) 789-2647 or

Download from the Knowledge Exchange Network website at www.mentalhealth.org or from the SAMHSA site at www.SAMHSA.gov

Where to Send the Application

Send the **signed** original and 2 copies of your grant application to:

SAMHSA Programs
Center for Scientific Review
National Institutes of Health
Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710*

*Change the zip code to 20817 if you use express mail or courier service.

Please note:

1. Use application form PHS 5161-1.
2. Be sure to type:
   "SM01-010, Improve and Evaluate Crisis Hotline Services" in Item Number 10 on the face page of the application form.

   Indicate whether you are applying for
   Category I - Certification and Networking
   or
   Category II - Client and Community-Centered Outcomes Evaluation.

Application Date

Applications must be received by May 21, 2001.

Applications received after this date must have a proof-of-mailing date from the carrier before May 14, 2001.

Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned without review.

How to Get Help

For questions on *program issues*, contact:

Maria T. Baldi
Public Health Advisor
Division of Program Development, Special Populations, and Projects, Room 17C-26
Center for Mental Health Services, SAMHSA
5600 Fishers Lane
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(301) 443-2892
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Associate Director for Program in
Trauma and Terrorism
Division of Program Development, Special
Populations and Projects, Room 17C-26
Center for Mental Health Services
SAMHSA
5600 Fishers Lane
Rockville, MD 20857
(301) 443-2940
E-Mail:**Rdemarti@samhsa.gov**

For questions on *grants management issues*, contact:
Steve Hudak
Division of Grants Management
Substance Abuse and Mental Health
Services Administration
5600 Fishers Lane
Rockville, Maryland 20857
Phone: 301-443-9666
Email: Shudak@samhsa.gov

Cooperative Agreements

These awards are being made as cooperative agreements because the complexity of the program requires substantive programmatic involvement of Federal staff.

The roles of Federal staff, and awardees are highlighted below.

Awardees Must:

- comply with the terms and conditions of the agreement
- accept guidance and respond to requests for information from CMHS
- ensure consumer or family participation on steering or other such work groups or committees that may be formed as part of this program
- author or co-author publications on project results for use by the field.
- implement specified activities, data collection, quality control, and prepare required SAMHSA reports.
- agree to provide SAMHSA with data required for GPRA.
- participate in a two-day annual Federal grantee meeting.

SAMHSA Staff Will:

- provide technical assistance on implementing project activities.
- monitor project activities and progress.
- provide guidance on project design and components, as needed.
- provide support services or assign outside consultants for training, evaluation, and data collection, if needed.
- author or co-author publications on program findings.
- provide technical assistance on ways to help disseminate and apply study results.
- conduct site visits if warranted or desired
- facilitate collaboration, as needed
- review quarterly reports, and
- make recommendations for continued funding.

The Advisory Board (Category II only):

The input of an Advisory Board is considered critical to the success of the Category II outcome evaluation. The Advisory Board must include members with extensive experience in the structure, operations and evaluation questions related to crisis centers and hotlines and could serve in the following functions:

The Advisory Board will:

- provide recommendations on the range of community and client-centered outcomes on which the outcome evaluation will be based
- review and provide recommendations on data collection interview and other pertinent protocols proposed for use at participating crisis programs
- review and provide recommendations regarding the client and community data that need to be collected by the participating crisis programs services in achieving the evaluation goals of the project
- develop and approve protocols related to caller anonymity, caller follow up, and referral with the needs of clients, the functioning of the service, and crisis workers, and the outcome evaluation in mind

Funding Criteria

Decisions to fund a grant are based on:

1. The strengths and weaknesses of the application as identified by the
   - Peer Review Committee and approved by the
   - CMHS National Advisory Council
2. Availability of funds

Post Award Requirements

1. Reports are required as follows (as described in the Terms and Conditions of Award to be issued upon award of funding):

- quarterly reports
- annual report
- final report summarizing accomplishments and outcomes
- compliance with GPRA
- financial status reports

2. Each awardee will be required to attend an annual 2-day Federal grantee meeting in the Washington, DC area. Attendees will include the project director and key personnel, and the annual budget must reflect adequate provisions for attendance at this meeting. Further details will be provided by the project officer upon award.

Background

For purposes of this GFA, a crisis center is a program that establishes immediate telephone communication between people who are emotionally distressed and individuals who have been trained to provide telephone assistance with the objective of diffusing the immediate crisis, ensuring the caller's safety, and assisting the caller to take the next immediate steps toward resolving the problem. Some are specialty centers focusing on crises related to domestic violence or rape, others see their mission as responding to the needs of all types of personal and family crises.

There are currently estimated to be over 500 operating "crisis centers" in the United States exclusive of military and employee assistance programs. For purposes of this GFA, crisis centers are programs that establish immediate telephone communication between people who are emotionally distressed and individuals who have been trained to provide telephone assistance with the objective of diffusing the immediate crisis, ensuring the client's safety, and assisting the client to take the next immediate steps toward resolving the problem. Some are specialty centers focusing on crises related to domestic violence or rape, others see their mission as responding to the needs of all types of personal and family crises.

Even more broadly defined is the national 211 Information and Referral Service (I&R) meant to serve as the link between people in need of health and human services assistance and the appropriate providers of such services. I&R specialists assess callers' needs and determine the service provider best equipped to handle their problems or crises, and whether a caller may be eligible for other programs. 211 provides information to callers on crisis intervention services, physical and mental health resources, work supports, support for older Americans and persons with disabilities, child, youth and family support and basic human needs.

In any type of serious personal crisis, the potential for suicidal thoughts and behaviors exists. In published surveys, 10 percent of calls to all types of crisis programs involve suicidality. Crisis centers also typically provide face-to-face client services and counseling. Hotline crisis services represent one of many possible effective interventions for suicidality.

"Hotline," a term describing a telephone service, may be directly associated with a single crisis center which also offers face-to-face client services or be a "hotline-only" service in which there are no associated face-to-face services. Such "hotline only" centers may be hundreds or thousands of miles from the location of the caller and often maintain databases of crisis services, local to the caller, to which that person can be referred if indicated.

"Suicide prevention hotlines" are programs that provide telephone crisis intervention services to individuals expressing suicidal thoughts or behaviors, or to others calling on behalf of such persons in crisis with the objective of exploring alternatives to self-harm. Suicide prevention workers establish and maintain contact with the individual while identifying and clarifying the focal problem, evaluate the potential for suicide, assess the individual's strengths and resources, and mobilize available resources including paramedic or police intervention and emergency psychiatric care as needed.

Though not all crisis centers have widely publicized "hotline" services, it is generally believed that most, if not all, centers field crisis calls from suicidal individuals. While face-to-face assessment and counseling in the work of crisis centers are to a large degree done by health professionals, the important work of telephone crisis intervention is done almost exclusively by trained volunteers. The use of trained volunteers in the role of telephone crisis workers has existed for many years and spawned the development of standards to guide them in their work. Especially with regard to caller suicidality, it is believed to be very important that the crisis workers be trained in the use of clinically indicated intervention techniques. Importantly, there are no

existing state or federal statutes nor professional accrediting requirements guiding these telephone activities at either the crisis center or "hotline only" centers. Some organizations in addressing this deficiency, have offered certification to centers that provide telephone intervention to suicidal callers.

Program Overview

The aims of this initiative are to:
1) increase the number of crisis centers/hotlines certified in suicide prevention, in other words, those having achieved defined standards in crisis worker training, service delivery, organizational administration and program evaluation among other potential criteria

2) increase the number of crisis programs offering hotline services that are certified in suicide prevention which are networked through a single, nationally accessible telephone number, utilizing telecommunications technology that links callers to their geographically nearest crisis center. It is expected that approximately 200-300 of these crisis centers will be certified and networked through this program over the project period (3 years), and

3) coordinate, collect and analyze outcome data from a number of specifically identified crisis programs in order to evaluate their effectiveness.

Data collection instruments will be subject to review and approval by the Office of Management and Budget. This clearance will result in delays of approximately 6 months in commencing actual data collection. This delay should be taken into account in the planning of project timelines. It will be the responsibility of the grantee to prepare all materials for the OMB clearance submission using guidance provided by the SAMHSA OMB Reports Clearance Officer.

Existing research literature on crisis center/hotline services has failed to reveal that they reduce the overall suicide rate in the communities they serve. These findings are in stark contrast to the experience of clients and crisis workers who attest to the effectiveness of services delivered by crisis programs. Certainly, the "rescue" services that crisis programs provide is arguably the most visible and immediate manifestation of their potential to prevent suicide. There are several categories of explanations for this apparent discrepancy:

A. Problems with the intervention:
A.1. Accepted crisis intervention techniques are not being faithfully implemented
A.2. Individuals that would be best served by being referred to specialized therapeutic services are not being referred
A.3. At-risk individuals are being referred consistently, but not to services best suited to their needs

B. Problems with access to the program:
B.1. Gaining access to the crisis program is difficult, preventing those at risk from utilizing it
B.2. The service is easy to access, but those most at-risk are not using it or unaware of its availability.
B.3. Individuals are not able to access language appropriate interventions or crisis workers with a familiarity of the community and social context of which the individual is a part.

C. Problems with follow-through:
The crisis intervention is appropriate and well suited to the individual's needs, but the individual does not follow through with the intervention plan.

D. Problems with the research: "Effectiveness" evaluations of suicide prevention crisis programs have generally been limited to an examination of the program's effect on the overall suicide rate in the community**.** Important beneficial and community outcomes of these services have not been identified and evaluated sufficiently**.**

This initiative seeks to address some of these issues:

Problem A. The training standards that are generally a component of certifying a crisis program in suicide prevention (see American Association of Suicidology: *Organization Certification Standards Manual for Crisis Intervention Programs*, Washington, DC, 1995) encourage a consistent, clinically accepted approach to assessing the lethality of and intervening with suicidal callers. These interventions may involve referral of the caller to specialized services. Certified crisis programs train their workers to recognize clients appropriate for referral to specialized services and attempt to identify community resources that are best suited to their needs. Certification standards also set benchmarks for the provision of walk-in, outreach and follow-up services when they are offered by a crisis program.

Problem B. A single, nationally available, easy to remember, toll-free telephone number linked to crisis programs should improve public access to suicide prevention services. A single number also would permit pooling of resources to more effectively advertise the service and to heighten the impact of public information campaigns, thereby increasing its use.

Though toll-free crisis hotlines do now exist, they generally connect the client to a crisis worker at a centralized location, which may be at a great distance from the client. Databases available to the crisis worker may permit referral of the suicidal individual to a local treatment facility, but it is unlikely that specific knowledge of that facility can be offered.

Clinical rationale supports a preference for crisis center/hotline services that serve their geographic community. Geographic proximity of the caller to the crisis worker makes it more likely that the worker is familiar with the social and cultural values, conflicts and dilemmas with which the caller is faced. It may also make it more likely that the crisis worker can offer up-to-date referral information and have personal knowledge of and experience with the range of available resources in the community.

Current technology permits instant telephone routing of calls from a central access number, for instance a toll-free line, back to the community, or the nearest community from which the call originated.

Problems C. & D. Despite their existence over many years, hotlines have not been systematically evaluated for their potential beneficial effect on other aspects of the client and his/her community in addition to the numbers or rate of suicide. For instance, changes in:

- psychological or social characteristics of clients over time,

- vocational functioning of clients (e.g., days of work lost)
- suicidal behaviors in client and community-at-large
- successful follow-through with intervention plan
- emergency room and other medical services utilization by clients
- community attitudes towards suicide and crisis programs

have not been evaluated and might be theorized to be affected by the presence of a suicide prevention hotline in a community. However, this list is not intended to serve as definitive outcome measures to be used in the Category II evaluation. In fact, an important element of the Category II proposal is identification of these measures.

The relative consistency in several important facets of crisis programs afforded by certification will permit the evaluation of community and client centered outcome measures across locations, as well as more in depth examination of the role and effectiveness of certification and networking in the quality of services delivered. Utilization of standardized telephone response protocol as well as a standardized data collection mechanism will enhance the likelihood that outcomes can be accurately evaluated.

This initiative therefore calls for certification of 200-300 crisis centers/hotlines in the management of callers expressing suicidal thoughts or behaviors. These certified programs are to be networked through telephone technology that permits national access to crisis center/hotline services through a single toll-free number. The technology will permit calls to be directed immediately to a telephone prevention worker who is located at the geographically nearest location to the caller.

Networking will also entail the development of systems to permit certification, and networking at this scale gives the opportunity for utilizing response protocols and data collection standards that will permit the evaluation of client and community centered outcomes that have not previously been pursued.

Detailed Information on What to Include in Your Application

In order for your application to be **complete and eligible**, it must include the following in the order listed. Check off areas as you complete them for your application.

‘ ***1. FACE PAGE***

Use Standard Form 424. See Appendix A in Part II for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

‘ ***2. ABSTRACT***

Your total abstract may not be longer than **35 lines.** In the first 5 lines or less of your abstract, write a summary of your project that can be used in publications, reporting to Congress, or press releases, if funded.

‘ ***3. TABLE OF CONTENTS***

Include page numbers for each of the major

sections of your application and for each appendix.

‘ ***4. BUDGET FORM***

Standard Form 424A. See Appendix B in Part II for instructions.

‘ ***5. PROGRAM NARRATIVE AND SUPPORT DOCUMENTATION***

These sections describe your project. The program narrative is made up of Sections A through D. **More detailed information of A-D follows #10 of this checklist.** Sections A-D may not be longer than 15 pages.

G **Section A - Project Description**

G **Section B - Implementation Plan**

G **Section C - Management and Staffing Plan**

G **Section D - Program Evaluation (Category I)**

G **Section D - Dissemination (Category II)**

G **Section E - NOT REQUIRED**

The support documentation for your application is made up of sections F through I.
There are no page limits for the following sections, except for Section H, the Biographical Sketches/Job Descriptions.

G **Section F-** Literature Citations
This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

G **Section G -** Budget Justification, Existing Resources, Other Support

Fill out sections B, C, and E of the Standard Form 424A. Follow instructions in Appendix B, Part II.

G **Section H-** Biographical Sketches and Job Descriptions

-- Include a biographical sketch for the project director and for other key positions. Each sketch should not be longer than **2 pages**. If the person has not been hired, include a letter of commitment from him/her with the sketch.

-- Include job descriptions for key personnel. They should not be longer than **1 page**.

-- ***Sample sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.***

G **Section I-** Confidentiality and SAMHSA Participant Protection (SPP) Also please see Part II.

The seven areas you need to address in this section are outlined after the Project Narrative description in this document.

‘ ***6. APPENDICES 1 THROUGH 3***

C Use only the appendices listed below.
C **Don't** use appendices to extend or replace any of the sections of the Program Narrative (reviewers will not consider them if you do).
C **Don't** use more than **10 pages** (plus all

instruments) for the appendices.

Appendix 1: **Letters of Support**
Provide relevant letters of support from collaborators. These may include entities who are providing in kind resources, and/or others as deemed relevant by the grantee in each category, and should indicate the kind/extent/purpose of the collaboration.

Appendix 2: Memorandums of Agreement
Category II applicant, please provide Memorandums of Agreement for all of the crisis programs who will participate in data collection activities that will permit evaluation of outcome measures

Appendix 3: Data Forms
Please attach any data collection forms which are intended for use.

‘ ***7. ASSURANCES***
Non- Construction Programs. Use Standard form 424B found in PHS 5161-1.

‘ ***8. CERTIFICATIONS***
See Part II for instructions.

‘ ***9. DISCLOSURE OF LOBBYING ACTIVITIES***
Please see Part II for lobbying prohibitions.

‘ ***10. CHECKLIST***
See Appendix C in Part II for instructions.

Project Narrative– Sections A Through D

Highlighted

Your application consists of addressing sections A through I. **Sections A through D, the project narrative parts of your application, describe what you intend to do with your project.** Below you will find detailed information on how to respond to sections A through D.

- Sections A through D may not be longer than 15 pages.

- **A peer review committee will assign a point value to your application based on how well you address these sections.**

- The number of points after each main heading shows the maximum points a review committee may assign to that category.

- Reviewers will also be looking for cultural competence.

Cultural competence means attaining the knowledge, skills, and attitudes to enable administrators and practitioners within systems of care to provide effective care for diverse populations. This includes an understanding of a group’s or member’s language, belief, norms and values, as well as socioeconomic and political factors which may have significant impact on their psychological well-being, and incorporating those variables into assessment and treatment.

- Following each review criterion are statements in bullet form. These statements do not have weights, they are provided to invite attention to important areas within the review criterion.

There are two sets of review criteria, one set for **Category I** and one set for **Category II**.

Review Criteria for Category I

Certification and Networking

CMHS' aim in this project is to provide certification of 200-300 crisis centers/hotlines in the management of callers expressing suicidal thoughts or behaviors. These certified programs are to be networked through telephone technology that permits national access to crisis center/hotline services through a single toll-free number. The technology will permit calls to be directed immediately to a telephone prevention worker who is located at the geographically nearest location to the caller.

Section A:
Project Description (20points)

This element of the application will be scored based upon:

- the extent to which the applicant demonstrates understanding of the needs and the goals of the program and demonstrates how the proposed project, if fully successful, will contribute to achieving these goals.
- the extent to which any proposed project collaborators or stakeholders express support for the project. Letters of Support should be included in Appendix 1, entitled "Letters of Support from Collaborating Organizations." These may include providers of in-kind support, crisis project managers, 211 agencies, or any key stakeholder deemed critical to the success of the program.
- the extent to which the proposed program's goals and objectives are tied to the identified stakeholder needs
- the extent to which the applicant describes potential barriers to implementing the project and the adequacy of methods to overcome them.
- description of how the project will contribute to the field and address community needs.
- description of the project's plan to address the language and cultural needs of clients
- description of how this project will make use of, collaborate or interact with the newly approved 211 nationwide Information and Referral service(s)

Section B: Implementation Plan
(40 points)

This should include a description of the goals and objectives of the implementation plan.

Certification Activities

- describe and justify the selection of the certification program to be used in the project. At a minimum it must be based on clinically accepted tenets and sets standards for crisis worker training, nature and quality of services delivered and their integration into the community, organizational and administrative structure and nature and quality of program evaluation mechanisms.
- describe the plan, if any, for providing technical assistance to crisis programs who

do not reach certification standards

- describe a systematic, geographically and culturally diverse plan for identifying and enrolling crisis programs in the certification program. How will your project ensure a variety of programs that serve racial/cultural groups are represented?

- describe the project's plan for ensuring adequate enrollment of crisis programs into the network (200-300 over 3 years).

- describe the process by which a crisis program will be enrolled in certification. What are the eligibility criteria for programs to be considered for participation in this initiative?

- What plan, if any, does the project propose to address the costs to crisis programs associated with certification?

Networking Activities

- describe the process by which a crisis program will be enrolled in the network. What are the eligibility criteria for programs to be considered for participation in this initiative?

- What plan, if any, does the project propose to address the costs to crisis programs associated with networking?

- What additional resources will be required of the crisis program and the applicant to build and maintain the network. How will that change over the course of the project period?

- describe the plan to publicize the existence of the network to the public, how and why it should be used, and how it can be accessed. How will the project reach age/gender/race/ethnic groups at risk for suicide that traditionally underutilize hotline services?

- describe plans to develop and maintain or make available an up-to-date human resources directory that will be available to the networked centers

- describe the plan to collect a base set of information from all participating crisis programs. What information do you propose to collect? Attach at Appendix 3 any data forms that are planned for use.

Section C: Management and Staffing Plan (20 points)

Management Plan

Describe plans for managing your overall project including:

- a timely and feasible project schedule and timeline.

- describe the experience and expertise that will be brought to bear to manage the fiscal and organizational complexities of a Federal grant program

- applicant's capability and experience with managing collaborative activities with other agencies or organizations. What is applicant's experience in collaborating with the kinds of programs envisioned for enrollment into the network?

- the adequacy and availability of facilities and equipment.

- the real and potential stakeholder in-kind resources.

- evidence of an ongoing plan to achieve project sustainability after federal funding expires.

Staffing Plan

Describe plans for staffing your overall project including:

- Qualifications and experience of the proposed Project Director and directors of networking, certification and program evaluation activities as well as other key personnel. Describe the qualifications and experience of these key figures, whether or not they are employed directly by the applicant organization.

- the extent to which the qualifications and experience of the proposed project director and other key personnel are appropriate to the proposed activities; if any key staff have not been selected at the time of application, the duties and requirements of the position should be described.

- a staff pattern that is appropriate and adequate for the project. Please prepare a table outlining the staffing structure across those organizations that will play a role in carrying out the activities of the program.

- Capability, experience, and evidence of commitment of proposed consultants and subcontractors.

Section D: Program Evaluation (20 points)
The applicant should propose an experienced evaluation team to work closely with crisis program staff to develop and conduct the evaluation plan. The evaluation team should also solicit input from consumer constituencies in developing the evaluation plan.

- describe the qualifications and experience of the project's evaluation staff. If the evaluation staff has not yet been selected, position description(s) listing the minimum qualification and experience requirements should be attached in Section H.

- describe plans to evaluate the effectiveness of certification in producing consistent high quality telephone crisis services. For example, such things as the clinical appropriateness of the intervention including assessment of lethality, clinical referral, and use of consultants should be evaluated. What other aspects of service delivery should be evaluated?

- How will the project utilize web technology in streamlining the provision, collection, and analysis of data?

- describe the plan for evaluating the adherence of participating crisis centers to certification standards over time.

- how does networking impact the aspects of service delivery that you will be evaluating? Are there functions of crisis programs that are particularly influenced by networking? How will that receive attention in your evaluation?

- describe the plan for tracking call response characteristics, such as call response time and geographic proximity of clients to responding crisis workers

- what are your plans to provide regular feedback to participating crisis centers/hotlines on the progress finding of the program evaluation?

- what is the plan for determining if racially/ethnically appropriate services are being delivered by participating crisis programs?

- propose an evaluation of other factors that might be expected to impact the quality of services delivered (e.g. staffing patterns, crisis worker turnover, training-retraining practices)

Note: although the **budget** for the proposed project is not a review criterion, the Peer Review Committee will be asked to comment on the budget after the merits of the application have been considered.

Review Criteria for <u>Category II</u>

Client and Community Centered Outcomes Evaluation

CMHS's aim in this program is to fund a sophisticated outcome study of telephone hotline services with specific attention to their role in the prevention of suicide and suicidal behaviors. As described earlier, previous studies of these services have failed to find them successful in reducing the community suicide rate. This initiative intends to open the door to thinking of the crisis program and the hotline service it operates in a broader sense, studying other potential aspects of a program's impact in its community, in addition to suicide and suicidal behaviors, that may serve a community's goal of suicide prevention.

The program goals for Category II are to:
1) explore, identify and define community and client-centered outcomes in relation to crisis programs that operate suicide prevention hotline services;
2) develop documentation standards for hotline services that permit the full assessment of outcome measures identified in Goal 1; and
3) coordinate, collect and analyze data from crisis programs in order to evaluate identified outcome measures.

Issues particular to the clientele, crisis workers, and the nature of hotline services make evaluations of their effectiveness particularly challenging. The ability to evaluate outcomes is influenced by the extent and nature of anonymity, the ability to follow-up with clients, the ability to assess and collect certain kinds of information, and for those reasons, as well as others, it will be necessary to work with a number of crisis programs to collect the quantity, quality, and breadth of information sufficient to perform an adequate outcome evaluation. It is expected that the awardee will work with several crisis programs closely in order to fulfill CMHS's stated goals for this initiative. The number of programs that must participate in order to perform a scientifically and statistically adequate outcome evaluation may be influenced by the size

and nature of the hotline services, a program's standards/protocols to collect information, the service's ability to modify current practices in order to fulfill the evaluation needs, etc.

Section A:
Project Description (20 points)

- state the goals and objectives of the project
- and how the implementation plan will address these goals
- identify the crisis programs with which you will partner in carrying out this work
- describe your rationale for choosing the crisis programs you have identified. Be sure to include the following:
  a) description of program's service in the community
  b) certification status
  c) participation in network
  d) ability/willingness to modify documentation/protocols
  e) documentation of data gathering
  f) previous activities in research/evaluation
  g) length of service in community
- What are your needs regarding type, quality and quantity of data supplied by the crisis program in order to perform a scientifically and statistically adequate outcome evaluation?
- What plan, if any, does the project propose to address the costs to crisis programs associated with data collection?
- describe the plan for identifying participant and control groups if required by the evaluation proposal, for example, will data be collected and compared from certified and non-certified crisis centers? From the networked and non-networked centers?
- describe potential barriers to implementing the project and methods to overcome them
- describe how the project will contribute to the field and address community needs

Section B: Implementation Plan
(40 Points)

Describe process by which outcome measures will be identified and how data collection, interview and anonymity protocols, referral protocols and follow-up procedures will be developed and completed.

<u>Outcomes, Standards, Protocols</u>
Describe how outcome measures will be identified.

- identify potentially evaluable and community outcomes that will lead to a fuller understanding of the role of crisis programs in suicide prevention. How will the feasability and value of these potential outcomes be determined? What is the process by which the actual outcome measures to be used in the outcome study will be determined?
- if applicable, describe the work of any advisory committee you will convene. Who will be the key groups represented on such a board?
- in order to evaluate certain /community outcomes, it may be necessary to implement

standards and/or protocols on aspects of the crisis program. These might include anonymity, follow-up, clinical referral practices, and response to chronic and "validity questionable" callers. Using the set of outcome measures you have identified above, describe what standard/protocols/activities would be required of crisis programs involved in the evaluation.

Quality Control, Data Collection and Analysis

- describe the plan for ensuring quality of data being collected
- describe the methodology to be used in evaluating the identified outcome measures.
- propose a plan for data collection from the crisis programs that will participate in this evaluation. Consider electronic means including web-based data entry and program-centered databases. Include memorandums of agreement from those who agree to participate (Appendix 2).
  Attach at Appendix 3 any data forms that are proposed for use.
- describe the process by which you will ensure that certification standards will be crafted/adapted to permit a thorough and innovative outcome evaluation.

Section C: Project Management and Staffing Plan (30 points)

Describe the plan for management of the project and staffing plan.

Management Plan

- describe the comprehensiveness of your plan to accomplish the project goals in terms of : (1) the length of the project period (2) adequacy and availability of resources (e.g., staffing, consultants, collaborating entities; facilities, equipment)
- describe the plan for management and support of any advisory board or work group which is established
- what is the experience and expertise that will be brought to bear to manage the fiscal and organizational complexities of a Federal grant program?
- describe the extent to which any proposed collaborators demonstrate support of your project. How will the support of these entities aid in the success of your project? These should be included in Appendix 1, entitled "Letters of Support from Collaborating Organizations." These might include organizations involved in similar activities, or providers of in kind-resources, for example, and should indicate the kind/extent/purpose of the collaboration.
- describe existing resources of your organization that would support success of the proposed activities and how you will leverage your institutional resources and existing activities to aid in achieving functional

goals. Indicate what additional resources (materiel, information processing capacity, etc.) Would be recruited in order to conduct the proposed activities. Also, identify areas in which additional expertise is required and indicate plans to recruit or develop such expertise (e.g., staff hiring, training, collaborations, recruiting consultants).

Staffing Plan

Describe the staffing plans of your project

- identify the individual who will function as the Project Director and describe their qualifications for assuming this role. Their qualifications should be explained in terms of their training and expertise in research, prior leadership and administrative experience, their familiarity with crisis centers and/or experience in data collection, design, instrumentation and data analysis.

- describe the extent to which qualifications and experience of the proposed project director and other key personnel are relevant to accomplishing the goals of this project. If any key staff have not been selected, the duties and requirements of the position should be described. Position descriptions for key staff should be included as Section H.

- Describe the capabilities, experience and commitment of any proposed consultants and/or subcontractors.

- describe the extent to which key personnel reflect the diversity of the population/communities to be served

Section D: Dissemination (10 points)

Describe a plan for dissemination of findings of the project.

This element of the project will be scored based upon:

- the adequacy of plans and process for disseminating the products and findings generated by the project;

- the adequacy of plans to provide regular feedback to participating crisis centers/hotlines on progress of evaluation.

- propose a plan for feedback to the field via talks, peer review articles

NOTE: Although the **budget** for the proposed project is not a review criterion, the Peer Review Committee will be asked to comment on the budget after the merits of the application have been considered.

Confidentiality and SAMHSA Participant Protections (SPP)

You must address 7 areas regarding confidentiality and SAMHSA participant protection in your supporting documentation. However, no points will be assigned to this section.

This information will:

- Reveal if the protection of participants is adequate or if more protection is needed.

/ Be considered when making funding decisions.

Some projects may expose people to risks in many different ways. In Section I of your application, you will need to:

- Report any possible risks for people in your project.
- State how you plan to protect them from those risks.
- Discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following 7 issues must be discussed:

Ø Protect Participants and Staff from Potential Risks:

- Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects.
- Discuss risks which are due either to participation in the project itself, or to the evaluation activities.
- Describe the procedures that will be followed to minimize or protect participants against potential health or confidentiality risks. Make sure to list potential risks in addition to any confidentiality issues.
- Give plans to provide help if there are adverse effects to participants, if needed in the project.
- Where appropriate, describe alternative treatments and procedures that might be beneficial to the subjects.
- Offer reasons if you do not decide to use other beneficial treatments.

Ù Fair Selection of Participants:

- Describe the target population(s) for the proposed project. Include age, gender, racial/ethnic background. Address other important factors such as homeless youth, foster children, children of substance abusers, pregnant women, or other special population groups.
- Explain the reasons for using special types of participants, such a pregnant women, children, institutionalized or mentally disabled persons, prisoners, or others who are likely to be vulnerable to HIV/AIDS.
- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

Ú Absence of Coercion:

- Explain if participation in the project is voluntary or required. Identify possible reasons why it is required. For example, court orders requiring people to participate in a program.
- If you plan to pay participants, state how participants will be awarded money or gifts.
- State how volunteer participants will be told that they may receive services and incentives even if they do not complete the study.

Û Data Collection:

- Identify from whom you will collect data. For example, participants themselves, family members, teachers, others. Explain how you will collect data and list the site. For example, will you use school records, interviews, psychological assessments, observation, questionnaires, or other sources?

- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation and research or if other use will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- Provide in Appendix No. 3, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.

Ü Privacy and Confidentiality:

- List how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
  -How you will use data collection instruments.
  - Where data will be stored.
  - Who will or will not have access to information.
  - How the identity of participants will be kept private. For example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

Ý Adequate Consent Procedures:

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.
- State:
  - If their participation is voluntary.
  - Their right to leave the project at any time without problems.
  - Risks from the project.
  - Plans to protect s from these risks.

- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

  Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, you should get written informed consent.

- Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- Include sample consent forms in your Appendix 4, titled "Sample Consent Forms."

If needed, give English translations.

Note - Never imply that the participant waives or appears to waive any legal rights; may not end involvement with the project; or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both the treatment intervention and for the collection of data. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

- Risk/Benefit Discussion:

- Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

APPENDIX A

Guidelines for Assessing Consumer and Family Participation

Applicants should have experience or track record of involving mental health consumers and their family members. The applicant organization should have a documented history of positive programmatic involvement of recipients of mental health services and their family members. This involvement should be meaningful and span all aspects of the organization's activities as described below:

* Program Mission. An organization's mission should reflect the value of involving consumers and family members in order to improve outcomes.

* Program Planning. Consumers and family members are involved in substantial numbers in the conceptualization of initiatives including identifying community needs, goals and objectives, and innovative approaches. This includes participation in grant application development including budget submissions. Approaches should also incorporate peer support methods.

* Training and Staffing. The staff of the organization should have substantive training in and be familiar with consumer and family-related issues. Attention should be placed on staffing the initiative with people who are themselves consumers or family members. Such staff should be paid commensurate with their work and in

parity with other staff.

* Informed Consent. Recipients of project services should be fully informed of the benefits and risks of services and make a voluntary decision, without threats or coercion, to receive or reject services at any time.

* Rights Protection. Consumers and family members must be fully informed of all of their rights including those designated by the President's Advisory Commission's Healthcare Consumer Bill of Rights and Responsibilities: information disclosure, choice of providers and plans, access to emergency services, participation in treatment decisions, respect and non-discrimination, confidentiality of healthcare information, complaints and appeals, and consumer responsibilities.

* Program Administration, Governance, and Policy Determination. Consumers and family members should be hired in key management roles to provide project oversight and guidance. Consumers and family members should sit on all Boards of Directors, Steering Committees and Advisory bodies in meaningful numbers. Such members should be fully trained and compensated for their activities.

* Program Evaluation. Consumers and family members should be integrally involved in designing and carrying out all research and program evaluation activities. This includes determining research questions, designing instruments, conducting surveys and other research methods, and analyzing data and determining conclusions. This includes consumers and family members being involved in all submission of journal articles. Evaluation and research should also include consumer satisfaction and dis-satisfaction measures.

APPENDIX B.

Racial groups, for the purposes of this announcement, are defined as:

- **American Indian or Alaska Native–a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.**
- **Asian–a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.**
- **Black or African American–a person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."**
- **Native Hawaiian or Other Pacific islander–a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.**
- **White–a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.**

Hispanic or Latino culture or origin, for the purposes of this announcement, is defined as:

- **Hispanic or Latino–a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin" can be used in addition to "Hispanic or Latino."**